

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Michael DeFilippi

Name

(2) 410 Euclid Ave #6

Address (number and street)

Miami Beach, FL , 33139

City, State, Zip Code

☐ Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

☒ Candidate Office Sought: Miami Beach City Commission, Group IV

☐ Political Committee (PC)

☐ Electioneering Communications Org. (ECO)

☐ Party Executive Committee (PTY)

☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)

☐ Check here if PC or ECO has disbanded

☐ Check here if PTY has disbanded

☐ Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 10 / 03 / 2015 To 10 / 16 / 2015 Report Type: G2

☒ Original

☐ Amendment

☐ Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 350 . 00

Loans \$ _____ , _____ , _____ . 0

Total Monetary \$ _____ , _____ , _____ . _____

In-Kind \$ _____ , _____ , _____ . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 333 . 84

Transfers to Office Account \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , _____ . _____

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , 3 , 385 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , 2 , 542 . 33

(11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name) Michael DeFilippi

☐ Individual (only for IE or electioneering comm.) ☒ Treasurer ☐ Deputy Treasurer

X [Signature]

Signature

(Type name) Michael DeFilippi

☒ Candidate ☐ Chairperson (only for PC and PTY)

X [Signature]

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Michael DeFilippi (2) I.D. Number _____

(3) Cover Period 10 / 03 / 2015 through 10 / 16 / 2015 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		
10 07 2015 / /	Ilda Shehu 400 S. Pointe Dr. Miami Beach, FL 33139	I	Realtor	Che			50.00
1							
10, 13 2015 / /	Robert Lansburgh 90 Alton Rd Miami Beach, FL 33139	I	Business	Che			250.00
2							
10, 16, 15 / /	Anh Kaul 210 174 St Sunny Isles Beach, FL 33160	I	Retired	Che			25.00
3							
10, 16, 15 / /	Kelly Reid 9665 Bay Harbor Terr Miami Beach, FL 33154	I	Retired	Che			25.00
4							
5							
6							
7							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Michael DeFilippi

(2) I.D. Number _____

(3) Cover Period 10 / 03 / 2015 through 10 / 16 / 2015

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
10/13/15	Signs in Motion	Signs	Mon		333.84
1	1709 NW 2nd Ave Doral, FL 33126				
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